

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-032084

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 88 63-032084

FILED AUG 26 1963

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY <u>Howard</u> | b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Fayette</u> | a. STATE <u>Missouri</u> | b. COUNTY <u>Howard</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>S. Cleveland Ave</u> | | d. STREET ADDRESS (If outside, give location) <u>S. Cleveland Ave.</u> | |
| 3. NAME OF DECEASED (Type or print) | | 4. DATE OF DEATH | |
| First Middle Last <u>MINNIE DIXIE PRITCHETT</u> | | Month Day Year <u>Aug. 16, 1963</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>12/24/81</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | 11. BIRTHPLACE (City and state or country) <u>Howard Co., Mo</u> |
| 13a. FATHER'S NAME <u>John A. Lushy</u> | | 13b. MOTHER'S MAIDEN NAME <u>Louise Elizabeth Shiflett</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>57</u> | |
| 17. INFORMANT <u>Strother Pritchett</u> | | 17. ADDRESS <u>Fayette, Mo</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
| 21. I attended the deceased from <u>Aug 16 '63</u> to <u>Aug 16</u> and last saw her/him alive on <u>Aug 16</u> Death occurred at <u>5:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>M. P. Leech M.D.</u> | | 22b. ADDRESS <u>Fayette, Mo</u> | 22c. DATE SIGNED <u>8/17/63</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>8/18/63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Fayette City Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Fayette Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Ralph A. Carr</u> | | 25. DATE RECD. BY LOCAL REG. <u>8-17-63</u> | 26. REGISTRAR'S SIGNATURE <u>Katherine Welch</u> |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

If this body is not embalmed, fact should be so stated above.